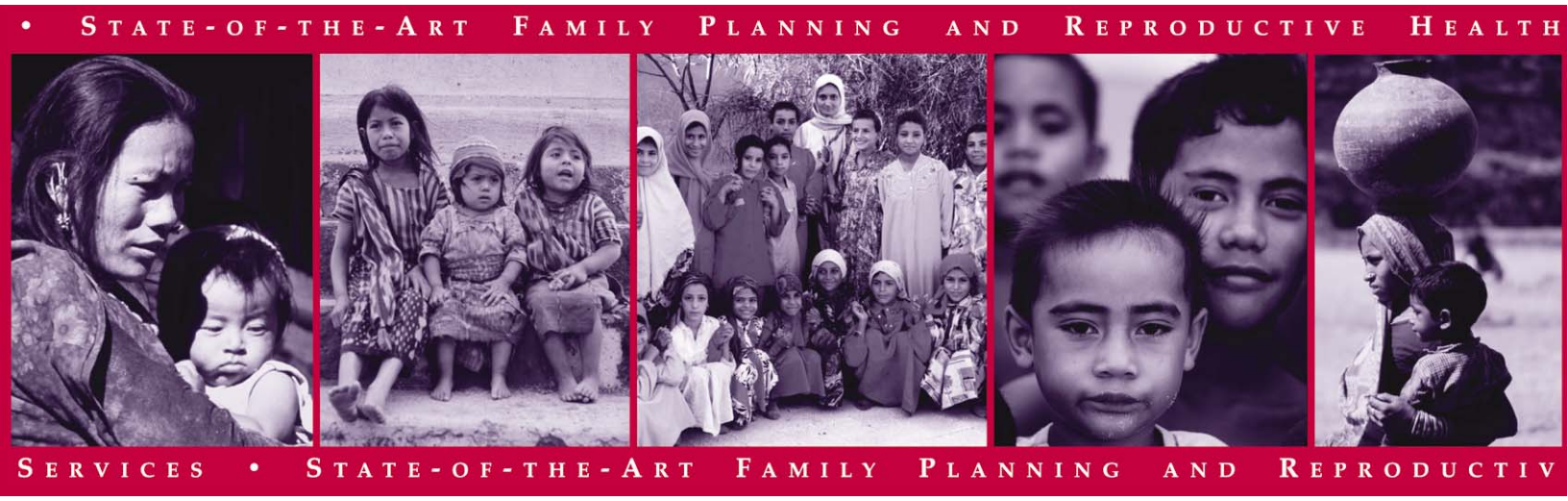


Fourth Champions Meeting on Optimal Birth Spacing

September 2, 2003
Washington, DC

CATALYST
consortium

USAID

PARTNERS:
Academy for Educational Development • Centre for Development and Population Activities • Meridian Group International • Pathfinder International • PROFAMILIA/Colombia

Fourth Champions Meeting on Optimal Birth Spacing

Maureen Donaghy, Consultant to the CATALYST Consortium

October 2003

The Optimal Birth Spacing Initiative is an activity of the CATALYST Consortium dedicated to expanding knowledge and practice of optimal birth spacing choices on a global level.

For more information:

Dr. Taroub Harb Faramand
Activity Director
The CATALYST Consortium
1201 Connecticut Avenue, NW, Ste. 500
Washington, DC 20036
Telephone: (202) 775-1977
Fax: (202) 775-1988
Email: tfaramand@rhcatalyst.org

Dr. Maureen Norton
Cognizant Technical Officer
USAID/Washington
Ronald Reagan Building
1300 Pennsylvania Ave., NW
Washington, DC 20523-3600
Telephone: (202) 712-1334
Email: mnorton@usaid.gov

Acknowledgments

The CATALYST Consortium would like to sincerely thank the OBSI Champions, whose continued commitment and support for optimal birth spacing has advanced our work on this important life-saving initiative. CATALYST would also like to thank the first OBSI Champion, Dr. Maureen Norton, Center for Population, Health, and Nutrition, Bureau for Global Programs, U.S. Agency for International Development (USAID) and Cognizant Technical Officer for the CATALYST Consortium. Finally, we would like to acknowledge the support and contribution of Dr. John Townsend to the Fourth OBSI Champions Meeting.

This report was made possible through support provided by the Center for Population, Health, and Nutrition, Bureau for Global Programs, U.S. Agency for International Development (USAID) under the terms of Cooperative Agreement No. HRN-A-00-00-00003-00 awarded to the CATALYST Consortium. The opinions expressed are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

Table of Contents

Introduction

The CATALYST Consortium, a USAID-funded activity, is the secretariat for the global initiative to place optimal birth spacing on the international public health agenda. The Optimal Birth Spacing Initiative (OBSI) has three objectives: 1) to create consensus among international organizations and program managers about the strong association between birth intervals and improved maternal and child health outcomes; 2) to strengthen health services and community programs with birth spacing programming; and 3) to integrate information designed to contribute to the adoption of birth spacing behaviors among clients and providers in country programs.

During the previous three Champions Meetings convened by CATALYST (January and May 2002 and January 2003), new research was presented that showed a very strong association between birth spacing and infant, child and maternal health. Based on this research the "optimal" birth spacing (OBS) interval, deemed to be approximately three to five years, was show to substantially decrease morbidity and mortality in children and also reduce the risk of maternal morbidity and mortality. Through the Champions Meetings and international conferences on OBS held in Washington, DC and Antigua, Guatemala, health care professionals and policymakers have debated the scientific evidence for stating three to five years as the optimal birth spacing interval and are moving towards consensus on the issue.

On September 2, 2003 CATALYST brought together professionals from USAID, USAID cooperating agencies and nongovernmental organizations for the "Fourth Champions Meeting on Optimal Birth Spacing." This Champions Meeting represented an important step in transforming current research on birth spacing into concrete actions towards achieving the benefits that birth intervals of three to five years have for women, men and children. The objective of the meeting was to present service delivery models for integrating OBS into health and nonhealth programs and to discuss the operationalization of OBS recommendations within ongoing and new FP programs.

Dr. John Townsend, Senior Program Associate to the International Programs Division and Director of the FRONTIERS program at the Population Council, and Dr. Taroub Harb Faramand, Activity Director of the CATALYST Consortium, presented their perspectives on implementing OBS programming. Dr. Townsend urged program and policy administrators to address the many opportunities and barriers that couples face in terms of birth spacing. Dr. Faramand followed by providing examples of how CATALYST's integrated approach works to translate new research findings into programmatic actions in health and nonhealth settings. Through partnerships with other organizations, CATALYST is maximizing resources and efforts to encourage awareness and adoption of OBS practices.

Participants made numerous commitments for action during the meeting. Many planned to share the information with colleagues to determine how to integrate OBS messages into their own programs and research. CATALYST will continue to serve as the global secretariat, while increasingly focusing attention and resources on field programs on optimal birth spacing.

Opening Remarks

Dr. Taroub Harb Faramand opened the meeting by thanking participants for their continued support of the Optimal Birth Spacing Initiative. She reaffirmed the importance of OBSI as a means of reviving the key reproductive health concept of birth spacing that has the potential to save lives and to improve the health and well being of women, infants, children and families in communities worldwide. Lengthening birth intervals is within the control of individual women and couples and is a public health intervention that uses available technology in the form of modern contraception. Developing interventions, such as training and counseling, to encourage the adoption of birth spacing practices is critical to ensuring that couples are aware of the benefits of OBS and are given access to services to support their choices.

During the past six months, CATALYST has undertaken the following activities as part of the Optimal Birth Spacing Initiative:

- Initiation of a systematic literature review, in consultation with USAID, WHO, and UNICEF to further investigate the relationship between interpregnancy/birth intervals and various adverse health and nutritional outcomes for pregnancies, infants, mothers, and children. The systematic review will inform guidelines on birth spacing and provide insight into improving family planning and reproductive health services, counseling and outreach programs.
- Distribution of an OBSI factsheet highlighting information on maternal and child health developed in collaboration with USAID and UNICEF
- Coordination of a regional Central American Conference on OBS, in which delegations from the Ministries of Health from six countries (Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama) signed a declaration pledging their support for the new OBS norm of three to five years and stated their commitment to present the norm to the Commission of Central American Health Ministers in October 2003
- Awarding of small grants to programs in Romania, Peru and Bolivia
- Incorporation of OBS content into Pathfinder International's *Family Planning Counseling Training Manual*

Meeting Outcomes

A. "Evidence-based Planning for Birth Spacing Services" by Dr. John Townsend, Senior Program Associate, International Programs Division and Director, Frontiers in Reproductive Health Program (FRONTIERS), Population Council, Washington, DC

In his presentation Dr. Townsend outlined alternative strategies for developing service delivery models which directly affect birth spacing, exploring the likely range of their impacts and including indicators for monitoring and evaluation. He also focused on the challenges policymakers and program managers might face in implementing OBS strategies in ongoing and new FP programs.

Dr. Townsend's presentation was divided into three themes:

1) **Current research findings on the effects of birth spacing intervals on mothers, infants and children**

Using the examples of India and Tanzania, he demonstrated graphically the relationship between birth intervals by mother's age and maternal and infant morbidity and mortality. He noted that young mothers, in particular, need education on this issue because of high pregnancy rates and the fact they are only at the beginning of their reproductive lives.

2) **Implications for improving the quality of services**

Through a diagram on the proximate determinants of fertility, Dr. Townsend showed the indirect determinants—socioeconomic, cultural and environmental variables—which in turn affect the direct determinants—sexual debut, contraception, amenorrhea, abstinence and abortion. Based upon this analysis, both the indirect and direct determinants can be influenced by actions at the macro policy, operational and community levels, as well as through a new organization of services. Dr. Townsend stated that services which are client-centered, comprehensive and sustainable and provide a continuum of care to clients, are needed to enable and empower couples to practice optimal birth spacing.

3) **Next steps for service integration and potential benefits of birth spacing**

Dr. Townsend explained that the challenges and next steps of evidence-based programming for birth spacing will focus on communication strategies, thinking creatively beyond macro policy and clinical settings, funding, mobilizing communities and collaborators and sustaining care in resource-poor settings.

Finally, he suggested the following as next steps:

- Agree on appropriate strategies (what to do as service organizations)
- Mobilize partnerships across regions
- Define intermediate indicators of success (policy, guidelines, participation, services and clients)
- Demonstrate effects and costs of the birth spacing initiative in USAID programs
- Communicate, scale-up and institutionalize efforts

During the discussion period participants debated the most effective means of reaching diverse audiences. For example, women in different settings will be receptive to different methods of contraception for birth spacing. Although the IUD has been criticized as creating too many side effects, in fact, the risks for infections and complications are low, and this method may be the most suitable for many women. Dr. Marcos Areala from Georgetown University also noted that talking to women about side-effects at the time they are given a method might help decrease discontinuation rates for modern contraceptive methods. Naomi Fuchs from USAID suggested that reaching out to women in creative ways is crucial for achieving a continuum of care, since women frequently do not return to the same clinics for care. Dr. Townsend agreed that integrating family planning and birth spacing messages into a range of community services would be the best way to encourage continuity of contact.

In addition, Dr. Mihira Karra from USAID questioned how to present birth spacing messages of three to five years in a way that would be relevant to women. Dr. Townsend replied that

counseling messages should be tailored to individual circumstances to encourage adoption of three to five year birth spacing practices. Moreover, the three to five year recommendation serves as a policy statement to provide a framework for further discussion. Dr. Reynaldo Pareja confirmed this based upon the success of the regional and national conferences held in Guatemala with policymakers and providers in June 2003. Dr. Faramand also pointed out that three to five years is not only a recommendation based on better health outcomes for mothers, but also for neonates, infants and children. In fact, women do have a lower risk of maternal mortality and morbidity after 12-month-interpregnancy intervals, but taking into account child survival it is better to state three to five years as the optimal birth spacing interval. Research commissioned by the CATALYST Consortium has shown that birth spacing of three to five years has health benefits for children, mothers, and teenage mothers, as noted below.

For children:

- Lower risk for fetal death
- Lower risk for preterm birth
- Lower risk for low birth weight
- Lower risk for small for gestational age
- Lower risk for low Apgar score
- Greater chances of survival for children up to five years of age

For mothers:

- Lower risk for maternal death
- Lower risk for third trimester bleeding
- Lower risk for anemia
- Lower risk for premature rupture of membranes
- Lower risk for puerperal endometritis

For adolescent mothers:

- Lower risk for maternal death
- Lower risk for eclampsia and preeclampsia
- Lower risk for puerperal endometritis

It is not known to what extent information on the positive health impact of optimal birth spacing intervals will have on couples' decisions regarding the timing of pregnancy, given other factors that may be considered. Qualitative data recently collected as part of the study, "Dynamics and Meaning of Adult Unintended Pregnancy," showed that even among young, low-income women in the U.S. with access to the most effective contraceptive methods, a very high rate of unintended and sub-intended pregnancies was experienced. Among those who became pregnant between 1993 and 1998, 87% of black women and 66% of white women aged 20-29 experienced an unintended pregnancy. *Unintended pregnancies* occur when a couple is using an effective contraceptive method correctly and consistently. *Sub-intended pregnancies* occur when a woman knowingly takes chances, or she does not do so but there is a conflict between chance-seeking, the acceptability of pregnancy, and/or her contraceptive practice. The qualitative data identified a variety of factors, aside from desired family size and spacing ideals that influenced fertility and operated to create ambivalence in the couple's or woman's fertility decision-making and influenced risk-taking.[1]

[1] Analysis of 21focus groups with women and men, and in-depth interviews with 48 low-income African-American and white women aged 20-29 (and some of their partners and mothers) showed that the factors that promoted desire for a child or influenced intendedness included peer (sibling) pressure and sex preference, desire for a child with a new partner, replacement of lost parents or children, desire to keep or improve a relationship, changes in economic situation, and discordance with partner about having children. The data also clearly showed the social and family norms and values that place pressure on women and their partners to delay or cease childbearing. These include: age, marital/union status (including perceived stability of the union), number of children, health status, economic status, educational and professional goals,

B. "CATALYST's Integrated Approach Model to Optimal Birth Spacing" by Dr. Taroub Harb Faramand, Senior Advisor for Reproductive Health/Activity Director of CATALYST Consortium, Washington DC

Dr. Faramand presented the integrated approach model for optimal birth spacing programming and discussed implications of the model for operationalizing OBS programs. CATALYST defines integration as the combination of health and nonhealth programs in clinical and nonclinical settings to create comprehensive services for women, men and adolescents. Dr. Faramand described CATALYST programs in Egypt and Laos and explained the importance of integration given the multifaceted environment which either enables or stifles the individuals ability to practice optimal birth spacing. There are five levels in the enabling environment, from the micro-individual to the macro-policy level, each carrying its own influence and challenges for achieving optimal birth spacing practices.

- Individual: Need knowledge of the benefits of OBS, ability to negotiate with partners and access to buy/obtain services. The challenges include addressing misconceptions, myths, side-effects, availability and cost of services.
- Family: Provide emotional and financial support for women in decision-making and access to services. Challenges involve allocation of resources, encouraging behavior change and communication, spreading knowledge about when to refer to services and the influence of mothers-in-law.
- Community: An informed and supportive community allows couples to successfully practice optimal birth spacing. Dispelling myths, training health workers to be frank with couples about side-effects of contraceptive options and confronting norms that encourage couples to have children too quickly, are all challenges at the community level.
- Service: This is the supply side of the integrated approach, focusing on the importance of well-trained and committed providers. Challenges with this group include providing counseling training, social marketing and BCC messages.
- Policy: Importance of having a good working relationship with the MOH. Challenges at the policy level include sustainability of policies and commitments.

Dr. Faramand used integrated programs in Egypt and Laos as examples of how to fully integrate FP into the clinical setting. She stressed the importance of working in partnership with other CAs to maximize the benefits of integration. In conclusion, she explained that service integration and linkages with social programs, in areas such as education, microcredit and agriculture, make the most of opportunities and empower clients to access family planning services that include optimal birth spacing recommendations.

---

housing, and family violence and substance abuse. The conflict between such opposing factors (promoting and sanctioning childbearing) often results in sub-intended pregnancies (Koo, H.P., C. Woodsong, M. Shedlin, M. Nennstiel, and H. Yang, *From Unintended to Unintentionally Planned: Exploring Sub-intended Pregnancies*. Paper presented at the annual meeting of the Population Association of America, March 25, 1999. Future publications are forthcoming.)

During the discussion following Dr. Faramand's presentation, Susan Richiedei from CEDPA asked about the coordination between CATALYST and Advance Africa in terms of implementing OBS. Dr. Diallo from Advance Africa reported that they have translated the presentations from the previous Champions Meeting and distributed them to their offices in Africa in order to convince policy makers and clinicians of the benefits of OBS. Now they are also trying to address the best way to reach men because in many countries men have to approve the use of FP methods. As part of involving men, Advance Africa hopes to initiate new focus group research in Africa on the unmet need for spacing among the population and the significant role that men play in influencing the adoption of FP.

Dr. Maureen Norton, CTO of CATALYST, then asked Dr. Faramand to elaborate on the resistance that CATALYST has faced with regards to integration of services in Egypt. Dr. Faramand reported that there was some initial resistance to integration among the CAs because each one had already established work plans and activities. However, over time several CAs have come to see the value of integration and partnerships, and they are now working with CATALYST on various initiatives. For instance, CATALYST has partnered with Johns Hopkins University for the Communication for Healthy Living Program, John Snow International on the Healthy Mother and Child Initiative, the Future's Group on the Policy II Project and Abt Associates on health sector reform efforts.

At the policy level, there has also been resistance to integrating the work of various ministries because each has separate budgets and agendas. In the last few months, CATALYST initiated discussions on integration with different sectors in the Egyptian Ministry of Health and Population. By involving higher-level officials for support and stressing that it is the providers rather than CATALYST alone calling for integration, progress has been made in bringing together policymakers at various levels.

Dr. Faramand was also asked about CATALYST's program working with the agricultural sector in Egypt. She explained that CATALYST proposed to the Governor of Minia, a governate in upper Egypt, to link FP programming with an already well-established program on agriculture funded by both the Italian government and USAID. CATALYST will provide materials on RH and FP including recommendations on OBS, through extension workers who are members of the same community. Dr. Diallo commented that Advance Africa has also developed similar programs in Africa where staff are dispatched to meet with farmers in organized groups.

Discussion

Facilitator Sharon Rudy coordinated the final group discussion, bringing together lessons learned from the presentations and generating ideas about implementing integrated programs on optimal birth spacing.

Dr. Rudy first asked participants what, in their opinions, would new innovative programs resemble. Their suggestions included the following:

- FP must have a strong connection to HIV/AIDS, a powerful connection to people's lives and to funding.

- Emphasizing FP in RH is not new, but we need to accomplish it better. A balanced counseling approach has been shown not to improve continuity of contraceptive use because of all the influences outside the clinic. More programmatic research needs to be done on this topic.
- In focus group discussions women expressed a desire to space three to five years, which shows the likelihood that women will accept the three to five year recommendation as the standard and motivate couples to think about FP.
- Working recently in Nigeria with Hausa women living in *Purdah*, it was acceptable to talk about birth spacing, but not FP. Therefore OBS might be an entry to introduce FP to couples.
- In Africa there is no doubt that HIV/AIDS is driving programs, but birth spacing messages do resonate with people because of their concern for health. As Dr. Townsend and Dr. Faramand suggest, using multiple venues to reach people is crucial, and we can't lose sight of the fact that people want healthier children.
- Collectivizing individual programs and keeping programs simple are important for scaling-up activities.
- Need more formative research on birth spacing.
- Collaboration between USAID offices (Population/RH, Health/Nutrition, HIV/AIDS, etc.) would facilitate this integrated approach.
- Should not emphasize any one contraceptive method. It should be up to the individuals to decide which one is appropriate based on informed choice.
- The three to five year message may not be the right message for areas with high fertility. Instead a message including delay of the initiation of childbearing and limiting, as Dr. Townsend suggests would be more effective.
- We should work with traditional birth attendants to incorporate OBS into their counseling.

Next Dr. Rudy asked participants for their ideas on integrating OBS into a training curriculum. Kamlesh Giri from JHPIEGO stated that as consensus is reached about the benefits of spacing births from three to five years, OBS could be integrated into training for counselors and maternal and neonatal health care providers. Dr. Pareja of CATALYST suggested that the forthcoming training guide he is developing could be of use to JHPIEGO and other CAs.

The role of the commercial sector in promoting OBS practices was also discussed. Denise Harrison of CATALYST suggested that OBS messages be placed into contraceptive package inserts. However, Vicki Baird of Meridian Group International pointed out that pharmaceutical companies have said that they require WHO endorsement of the three to five year standard to change package insert information. The systematic literature review that CATALYST has recently begun on birth spacing should help to clarify the data supporting the three to five year message, and, in turn, provide evidence to decision-makers in support of this norm.

Next Steps

Advance Africa
- Distribute meeting presentations to colleagues here and in the field; adapt as needed for targeted audiences
- Compile Africa-specific birth spacing data
- Develop an African strategy at the supply, demand and policy levels

Georgetown University
- Integrate optimal birth spacing into current research plans

JHPIEGO
- Incorporate OBS messages in field programs, perhaps in the Philippines

Population Council
- Refine the concept of the continuum of care for different settings

USAID
- Incorporate optimal birth spacing into current or future research plans
- Add birth spacing to the MAQ module as models are developed
- Work on involving staff from other USAID departments in implementing programs with optimal birth spacing messages, e.g., the HIV/AIDS office
- Follow-up to ascertain whether SOTA meetings could be a platform for OBS messages
- Communicate with USAID Missions to determine how strategic plans could incorporate optimal birth spacing
- Target adolescents for birth spacing messages

CATALYST
- Disseminate birth spacing materials, including the training guide and LAM cue cards
- Maintain communication with other CAs to facilitate exchange of materials that are currently available on birth spacing
- Conduct another Champions Meeting in early 2004

APPENDIX A: Meeting Agenda

Agenda

Champions Meeting
Optimal Birth Spacing:
Moving from Research to Implementation

Tuesday, September 2, 2003
8:30am - 1:30pm

Jury's Washington Hotel
Conference Room—Doyle B
1500 New Hampshire Avenue, NW
Washington, DC 20036

Goal: The focus of the meeting will be to present and discuss service delivery models for integrating optimal birth spacing (OBS) into health and nonhealth programs and discuss the operationalization of OBS recommendations within ongoing and new FP programs.

8:30 – 9:00 am

Registration and serving of continental breakfast

9:00 – 9:15 am

Welcome
Dr. Taroub Harb Faramand, Acting Director, CATALYST Consortium
Meeting Facilitator outlines meeting objectives and agenda

9:15 – 9:35: am

Presentation
"Evidence-based Planning for Birth Spacing Services" by **Dr. John Townsend,** *Senior Program Associate, International Programs Division; Director, Frontiers in Reproductive Health Program (FRONTIERS), Population Council, Washington, DC*

Objectives:
- Outline alternative strategies for developing service models, which directly affect birth spacing, explore the likely range of their impacts, and discuss indicators for monitoring and evaluation
- Discuss challenges policy makers and program managers might face in implementing OBS strategies in ongoing and new FP programs

9:35 – 10:00 am

Presentation
"CATALYST's Integrated Approach Model to OBS" **by Dr. Taroub Harb Faramand,** *Senior Advisor for Reproductive Health/Acting Director of CATALYST Consortium, Washington DC*

Objectives:
- Present CATALYST's integrated approach model on OBS programming
- Discuss implications of the model for operationalizing OBS programs

10:00 – 12:30 pm
Facilitated Group Discussions

12:30 – 1:30 pm

Lunch

Discussions will continue during lunch

CATALYST will follow up with a report of meeting discussions to participants.

APPENDIX B: Presentation by Dr. John Townsend

Slide 1

Evidenced-Based Programming for Birth Spacing

John W. Townsend, Ph.D.
Population Council, FRONTIERS

Slide 2

OBS Consensus

- **Spacing births 3-5 years can reduce risk of morbidity and mortality for mothers and children**
- **Providers and clients suggest that spacing is broadly acceptable**
- **Service integration, gender perspective, and international cooperation make benefits a reality**

Slide 3

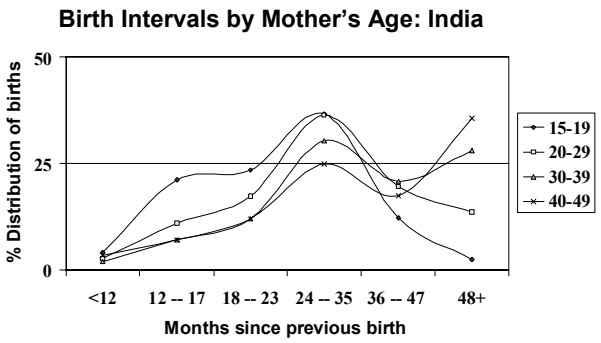
Major Frameworks

- **Determinants of fertility: delay of sex, contraception, amenorrhea, abstinence, and abortion**
- **Effectiveness of program models**
- **Understanding of context to better link determinants and programs to health benefits**

Slide 4

Slide 5

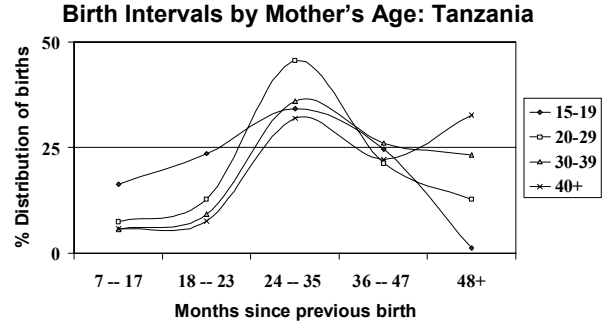
Shape of Relationships



Source: India DHS 1998-99

Slide 6

Shape of Relationships

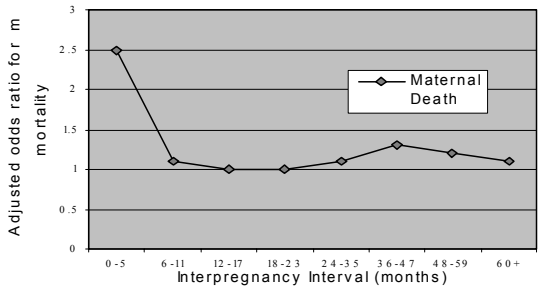


Source: Tanzania DHS, 1996

Slide 7

Shape of Relationships

Risk for Maternal Mortality by Interpregnancy Interval: 18 LAC Countries, 1985-1997

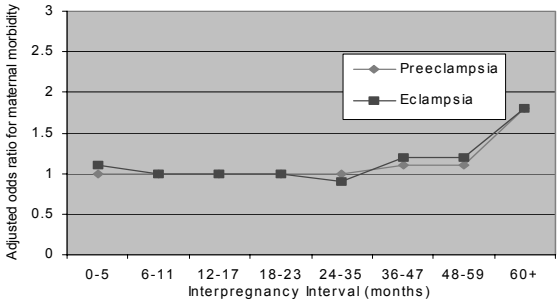


Source: Conde-Agudelo, 2002

Slide 8

Shape of Relationships

Risk for Maternal Morbidity by Interpregnancy Interval: 18 LAC Countries, 1985-1997

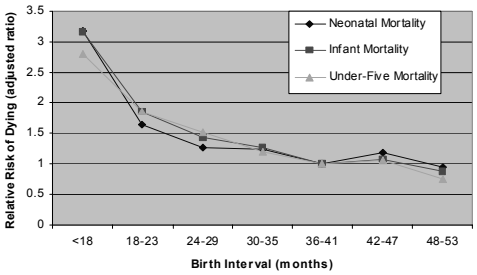


Source: Conde-Agudelo, 2002

Slide 9

Shape of Relationships

Neonatal, Infant and Under-five Mortality by Birth Interval: 17 DHS Countries



Source:Rutstein, 2002

Slide 10

What is in a Name?

- **Difference between Interpregnancy Interval (IPI) and Birth Interval (BI)**
- **IPI makes more sense for reproductive health programs and clients**
- **Abortion shortens BI, but has no effect on IPI**
- **PAC still important for IPI**

Slide 11

Implications of Shape

- **Decision: shift entire IPI curve or change the shape of a particular part**
- **Because of increased risk, extremes as important as the center of curve**
- **Different program models have effects on distinct parts of the curve**

Slide 12

Proximate Determinants of Fertility

Indirect Determinants	→	**Direct Determinants**	→	**Fertility**
Socioeconomic, cultural, and environmental variables		Sexual debut Contraception Amenorrhea Abstinence Abortion		

Source: Bongaarts, 1983

Slide 13

Implications for Action

- Macro policy level: communicate OBS information and consequences
- Operational policy: change guidelines and supervision practices
- Community: communicate that longer spacing improves health, and family planning is safe for longer periods
- **New organization of services**

Slide 14

New Organization of Services

- **Client-centered and gender informed**
- **Comprehensive but potential for large-scale implementation**
- **Support continuum of care for clients**
- **Sustainable financially and operationally**

Slide 15

Client-Centered Care

- **Rights: respect preferences for timing and number of pregnancies**
- **Understand context of clients' lives, e.g. partner, family, and community**
- **Consider other gender roles and risks**
  - ✓**Reproductive versus other gender roles**
  - ✓**Economic needs of single parents**
  - ✓**Reduced fecundability with age**

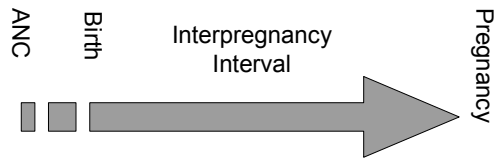
Slide 16

Comprehensive Care

- **Systems orientation: implementation and financing**
- **Provide choice and range of methods**
- **Ensure services that affect long-term use, e.g. counseling, social support**
- **Link to related reproductive health services, e.g. RTI/STI, EC, lactation management and violence prevention**

Slide 17

Steps to Longer Spacing



- ANC
- Obstetric event: birth or abortion
- Postpartum/ postabortion care
- Emergency contraception
- Support for extended use
- Sterilization services

Slide 18

Postpartum/Postabortion

- **Need: 25-40% of unmet need related to pregnancy and postpartum**
- **Effectiveness: 15-70% of women adopt method when offered postpartum**
- **Cost: Low**
- **Challenges:**
  - ✓**Sustaining services in urban areas**
  - ✓**Mechanisms for coverage in rural areas**
  - ✓**Transition between methods: LAM to other**

Slide 19

Emergency Contraception

- **Need: Up to 30% of pregnancies are unplanned, unprotected sex common**
- **Effectiveness: Less than 4% pregnancy rate if taken within 4-5 days (8% without EC)**
- **Cost: Low**
- **Challenges:**
  - ✓**Availability of products**
  - ✓**Cost to clients**
  - ✓**Resumption of effective method**

Slide 20

Support for Extended Use

- **Need: Side effects management and method options key for long-term use**
- **Effectiveness: Little known**
- **Cost: Moderate**
- **Challenges:**
  - ✓**Identifying persons requiring support**
  - ✓**Addressing side effects, switching**
  - ✓**Need for periodic follow-up**

Slide 21

One Year Discontinuation in Bangladesh: Spacing Focus

• **Method use prevalence**	• **Discontinuation/ side effects**	
✓Pill 23%	47%	22%
✓Injectable 7%	50%	37%
✓Condom 7%	67%	10%
✓Abstinence 5%	43%	2%
✓IUD 2%	34%	29%

Source: Bangladesh DHS,1999-2000; all method prevalence 54%

Slide 22

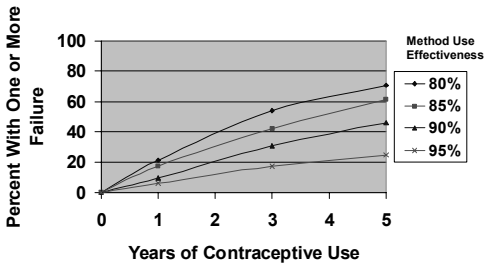
Why sterilization in birth spacing program?

- **Reduce increased risks at end of long interval**
- **Avoid long-term method failure even when used correctly**
- **Address emerging demand for limiting by males and females**
- **Reduce costs to client: 20 years of contraceptive use**

Slide 23

Unintended Consequences

Cumulative Risk of Contraceptive Failure by Duration of Use and Method Use-Effectiveness



Source: Bongaarts and Rodrigues, "A New Method for Estimating Contraceptive Failure Rates," 1989

Slide 24

Rationale for integration of OBS with other development efforts

- **Spread the word: diffusion**
- **New client networks**
- **Create synergies**
- **Reduce costs**
- **Foster an enabling environment**

❑ **Still need to focus on factors affecting proximate determinants**

Slide 25

Challenges

- **Communicating what is new and what is required for OBS**
- **Thinking creatively beyond macro policy and clinical setting**
- **Investing in integration – long view**
- **Mobilizing communities and collaborators**
- **Sustaining care in resource poor settings**

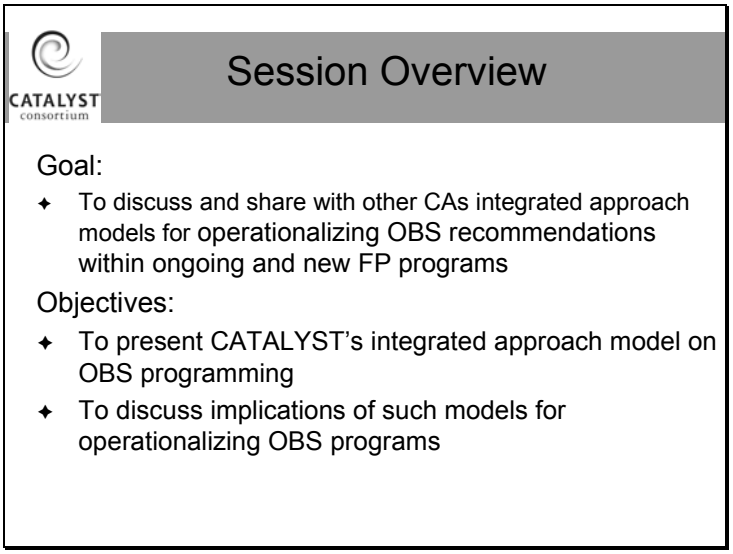
Slide 26

Next Steps

- **Agree on appropriate strategies**
- **Mobilize partnerships across regions**
- **Define intermediate indicators of success: policy, guidelines, participation, services and clients**
- **Demonstrate effects and costs of birth spacing initiative in USAID programs**
- **Communicate, scale-up and institutionalize**

Slide 1

Slide 2



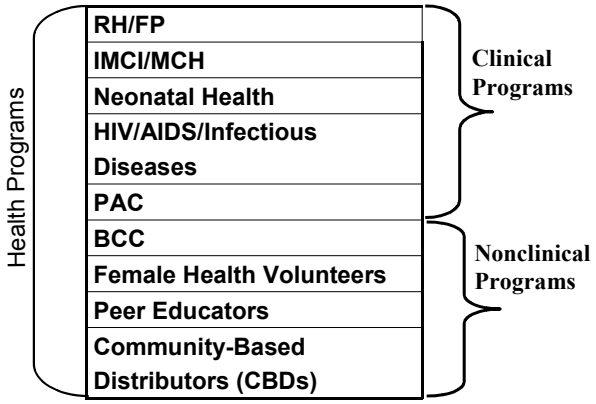
Slide 3

CATALYST's Integrated Approach to OBS

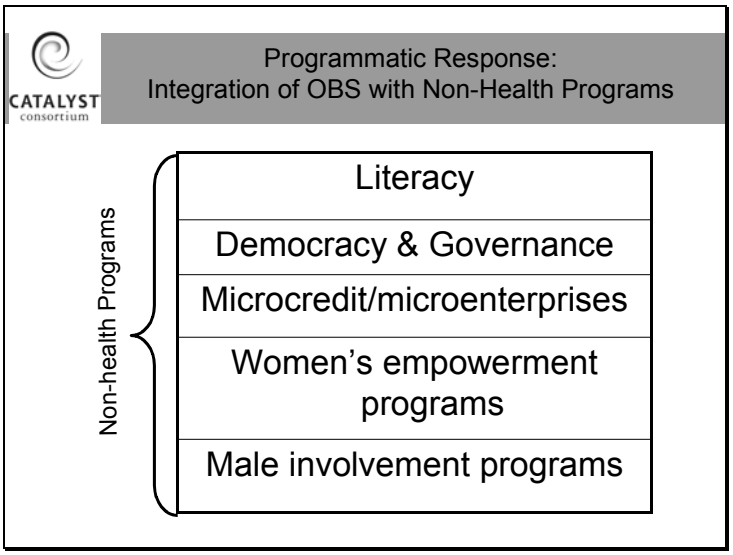
- CATALYST's approach focuses on integrating family planning, (***where OBS recommendations are incorporated into FP guidelines***), into reproductive health, maternal and child health and HIV/AIDS services, as well as linking with social programs such as literacy and microcredit to improve the quality of family planning services for women and their families.

Slide 4

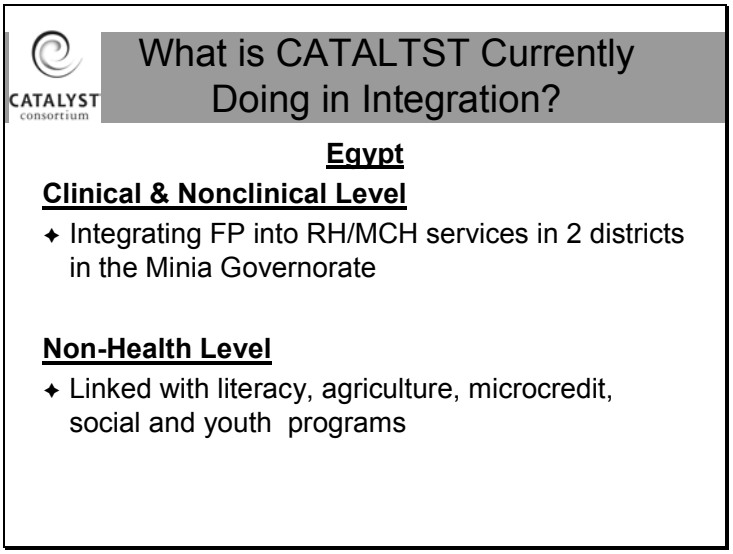
Programmatic Response: Integration of OBS with Health Programs



Slide 5



Slide 6



Slide 7

What is CATALTST Currently is Doing in Integration?

Laos

Integration of maternal and child health services

Dyad Approach

- Treating mother and child as a single unit during pregnancy, delivery and postpartum
  - ? *For example: TBAs to provide care for mothers and new born- both at the same visit*

Integrating OBS into FP

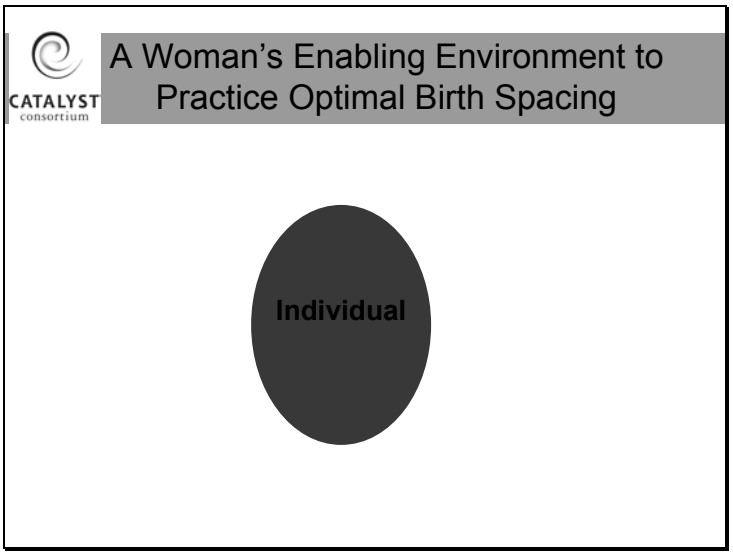
- PSI will integrate OBS messages into the training of pharmacists
- PSI will also Incorporate OBS messages into BCC campaign (reaching providers and communities)

Slide 8

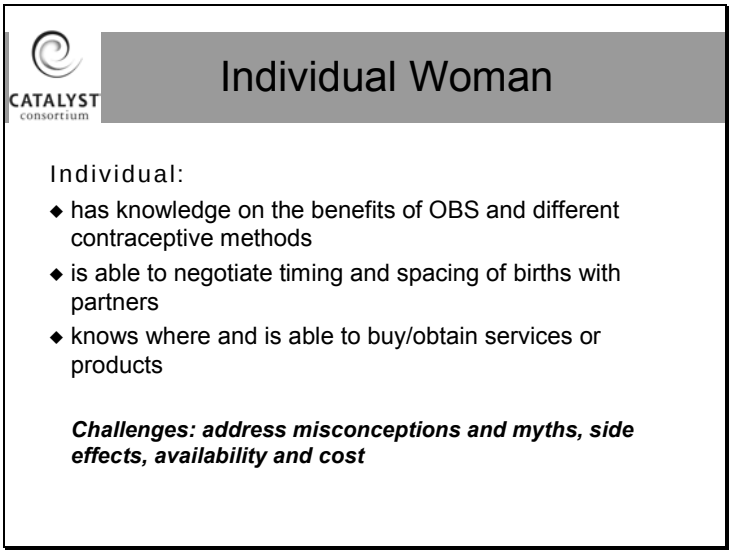
A Proposed Guide to Operationalize Optimal Birth Spacing Recommendations

Addressing Each Level of the Enabling Environment

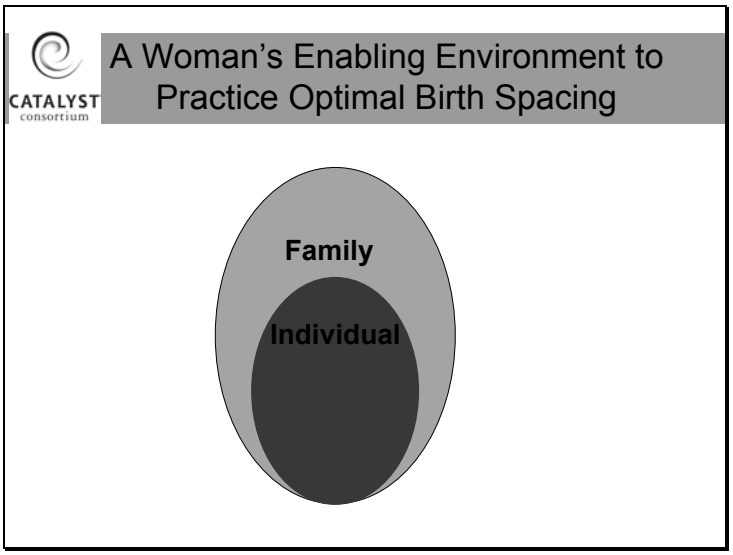
Slide 9



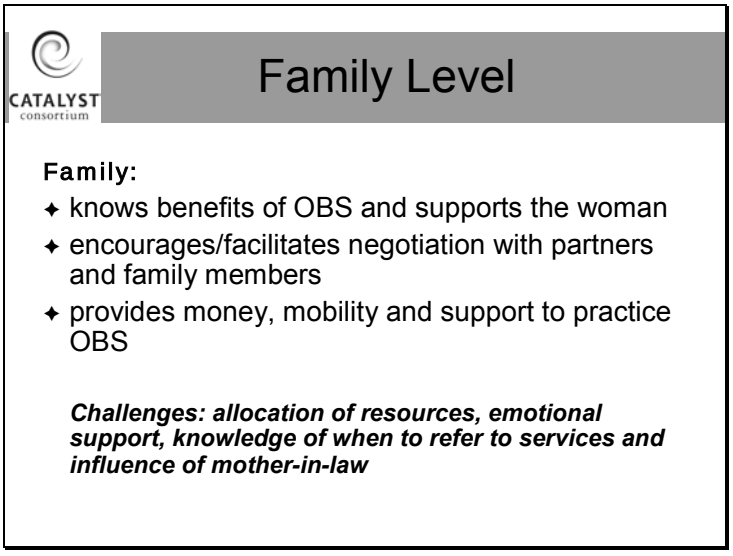
Slide 10



Slide 11

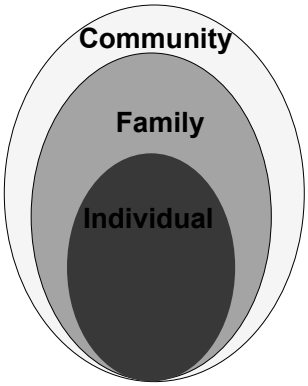


Slide 12



Slide 13

A Woman's Enabling Environment to Practice Optimal Birth Spacing



Slide 14

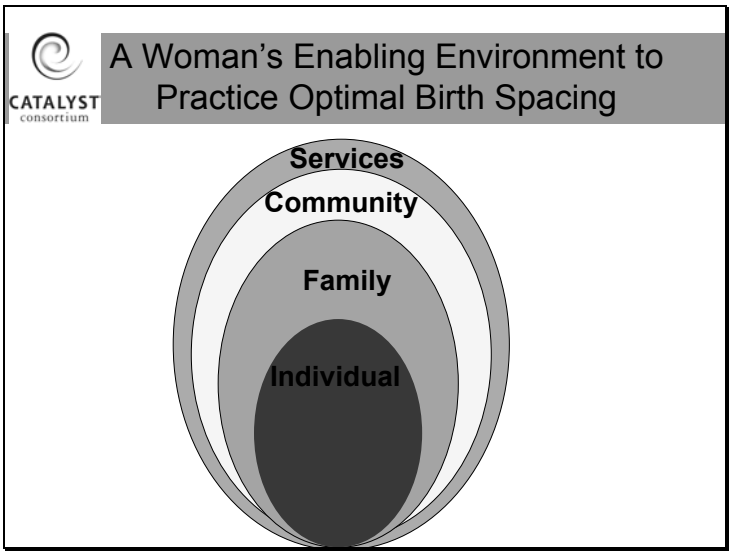
Community Level

Community:

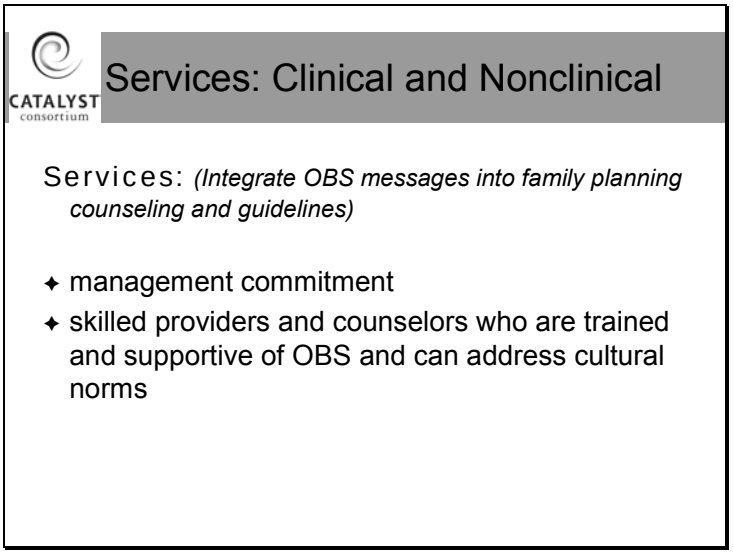
- is informed, supports the woman, addresses misconceptions and myths
- provides platform for community discussions:
  - ? engages peers, women's groups and village elders to support/respect decisions
- plays a role in OBS services through financial support and providing a referral system
- displays appropriate messages that encourage optimal birth spacing

Challenges: community norms that encourage couples to have children quickly

Slide 15



Slide 16



Slide 17

Services: Clinical and Nonclinical *(continued)*

Services: (Integrate OBS messages into family planning counseling and guidelines)

- clients have opportunity for feedback and dialogue with providers
- employment of community-based healthcare workers (CBDs), peer educators etc. to reach clients with OBS messages
- adequate supply of temporary methods

Slide 18

Services: Clinical and Nonclinical *(continued)*

Services: (Integrate OBS messages into family planning counseling and guidelines)

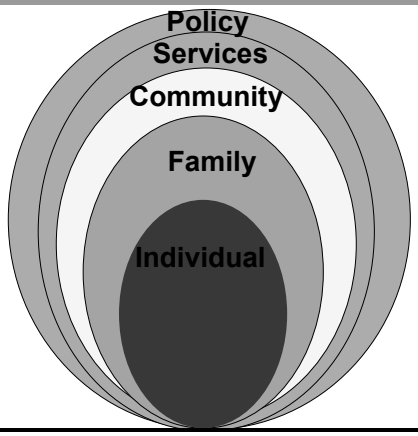
Train providers to make referrals to FP in these services:

- ✓ Maternal child health
- ✓ Primary care
- ✓ Postpartum

Challenges: providing counseling training, social marketing, BCC messages etc.

Slide 19

A Woman's Enabling Environment to Practice Optimal Birth Spacing



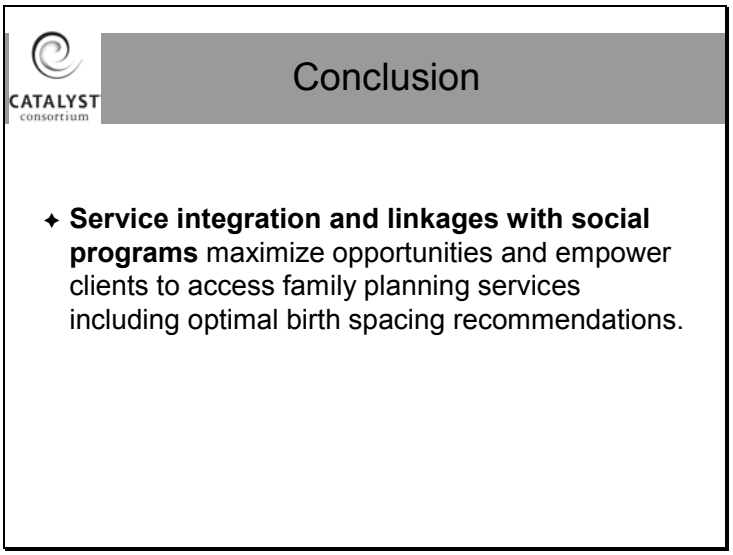
Slide 20

Policy Level

Policy:

- Insert policies supporting OBS into:
  - ? Government norms
  - ? Practice guidelines (e.g., medical associations)
  - ? Institutional protocols
- Institute policies into health and non-health ministries (e.g., schools, youth ministry etc.)
- Develop policies/programs that encourage male involvement

Challenges: sustainability of policies and commitments


CATALYST
consortium
Conclusion
Service integration and linkages with social programs maximize opportunities and empower clients to access family planning services including optimal birth spacing recommendations.